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FEC MAIL CENTER

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Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Mark Ross

, Treasurer

12030972445

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 DEC -7 PM 3: 43

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	17,112 00 1701
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(Check if address is changed)			· <u> </u>	· · · · · · · · · · · · · · · · · · ·
	(City &		STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ss			,
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- ,	Optional Second E-Mail Addr	ress		
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COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)	www.dorupac	0,0,0	<u> </u>	
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2. DATE 1 2 0	7 2012			
3. FEC IDENTIFICATION N	JMBER ▶ C			
	, 			
4. IS THIS STATEMENT λ	NEW (N) OR	AMENDED (A)		
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I certify that I have examined the		or my knowledge and belief	it is true, correct and c	complete.
Type or Print Name of Treasure	, MARK Ros	· .	-	
Signature of Treasurer	July Drong		Date 1 &	07 2012
NOTE: Submission of false, erron	eous, or incomplete information m			enalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion	FEC FORM 1 (Revised 06/2012)

		1490 2
		OMMITTEE Committee:
Carr	uluale	Committee.
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand		
Cand Party	idate Affiliati	Office State On Sought: House Senate President District
(c)	•	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	ımittee:
(d)	* :	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
		Corporation Wo Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Fund	raising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number C

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V	rite or Type Com	mittee Na	me								
6.	Name of Any C	Connected	l Organization,	Affiliated	Committee	, Joint Fi	ındraising	Representativ	e, or Leadership	PAC Sponso	»r
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	Mailing Address			• .							
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					CITY			STATE	· ZII	PCODE	
	Relationship:	Connec	ted Organization	Affilia	ted Commit	tee J	oint Fundra	ising Represer	ntative Leade	ership PAC Spo	onsor
·.	Custodian of Rebooks and record		lentify by name,	address (phone num	ber opt	ional) and p	position of the	person in posse	ssion of comm	 nittee
	Full Name	Tre	14514116	<u></u>		· L <u>LL</u>				<u> </u>	
	Mailing Address		L.L.			لللا		<u> </u>		<u> </u>	لــــــــــــــــــــــــــــــــــــــ
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	Title or Position				CITY			STATE	ZIF	CODE	
		<u>. I I I</u>	<u> </u>	. <u> </u>		_	Telephone	number _			
3.	Treasurer: List the any designated a				er option	al) of the	treasurer o	f the committe	e; and the name	and address	of
	Full Name of Treasurer	MAIR	K Ros	<u>.</u> S	. · 	LLL		<u>ı: </u>	<u> </u>	· 	
	Mailing Address		16.4.4	Chen	roke	e P	oi int	IDM.	<u> </u>	<u> </u>	لــــــــــــــــــــــــــــــــــــــ
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Full Name of Designated Agent	rige Ross	· <u> </u>	
Mailing Address	16,4,4, Gherakee Pain	+ 100-11	
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	CITY	STATE	3,0,1,1,4)-L
Title or Position	TINGUSINIFEN Telepho	one number	
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository,	·	committee deposits	funds, holds accounts, rents
Ban	by of America	<u> </u>	
Mailing Address	11.08.8, Pelachtinee Sit	- MG	
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Name of Bank, Depository,	etc.		
L		1 1 1 1 1 1	
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Federal Election Commission

The FEC added this page to the end of this filing	
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Other (Specify):	Date of Receipt or Postmarked
MAI B	12/7/12
PREPARER	DATE PREPARED

(3/2005)